

ASSEMBLY BILL

No. 496

Introduced by Assembly Member Gordon

February 20, 2013

An act to amend Sections 852, 2198, and 2198.1 of the Business and Professions Code, relating to medicine.

LEGISLATIVE COUNSEL'S DIGEST

AB 496, as introduced, Gordon. Medicine: sexual orientation, gender identity, and gender expression.

Existing law creates the Task Force on Culturally and Linguistically Competent Physicians and Dentists and requires the Director of Consumer Affairs, in consultation with the Director of Health Care Services, to appoint as task force members, among other people, California licensed physicians and dentists that provide health services to members of language and ethnic minority groups and representatives of organizations that advocate on behalf of, or provide health services to, members of language and ethnic minority groups. Existing law required the task force to report its findings to the Legislature and appropriate licensing boards by January 1, 2003.

This bill would require the licensed task force members and advocate task force members to instead provide health services to, or advocate on behalf of, members of language and ethnic minority groups and lesbian, gay, bisexual, and transgender groups. The bill would require the task force to report its findings to the Legislature and appropriate licensing boards by January 1, 2016.

Existing law, the Cultural and Linguistic Competency of Physicians Act of 2003, establishes the cultural and linguistic physician competency program which is operated by local medical societies of the California

Medical Association and is monitored by the Medical Board of California. That voluntary program consists of educational classes for all interested physicians and is designed to teach foreign language and cultural beliefs and practices that may impact patient health care practices and allow physicians to incorporate this knowledge in the diagnosis and treatment of patients who are not from the predominate culture in California. Existing law also defines “cultural and linguistic competency” for the purposes of those provisions as understanding and applying the roles that culture, ethnicity, and race play in diagnosis, treatment, and clinical care.

This bill would additionally require the program to address lesbian, gay, bisexual, and transgender groups of interest to local medical societies. The bill would require the training programs to be formulated in collaboration with California-based lesbian, gay, bisexual, and transgender medical societies. The bill would also redefine the term “cultural and linguistic competency” and understanding and applying the roles that culture, ethnicity, race, sexual orientation, gender identity, and gender expression play in diagnosis, treatment, and clinical care. The bill would also make related technical, nonsubstantive changes.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 852 of the Business and Professions Code
- 2 is amended to read:
- 3 852. (a) The Task Force on Culturally and Linguistically
- 4 Competent Physicians and Dentists is hereby created and shall
- 5 consist of the following members:
- 6 (1) The ~~State~~ Director of Health *Care* Services and the Director
- 7 of Consumer Affairs, who shall serve as cochairs of the task force.
- 8 (2) The Executive Director of the Medical Board of California.
- 9 (3) The Executive Director of the Dental Board of California.
- 10 (4) One member appointed by the Senate Committee on Rules.
- 11 (5) One member appointed by the Speaker of the Assembly.
- 12 (b) Additional task force members shall be appointed by the
- 13 Director of Consumer Affairs, in consultation with the ~~State~~
- 14 Director of Health *Care* Services, as follows:
- 15 (1) Representatives of organizations that advocate on behalf of
- 16 California licensed physicians and dentists.

1 (2) California licensed physicians and dentists that provide
2 health services to members of language and ethnic minority groups
3 *and lesbian, gay, bisexual, and transgender groups.*

4 (3) Representatives of organizations that advocate on behalf of,
5 or provide health services to, members of language and ethnic
6 minority groups *and lesbian, gay, bisexual, and transgender*
7 *groups.*

8 (4) Representatives of entities that offer continuing education
9 for physicians and dentists.

10 (5) Representatives of California's medical and dental schools.

11 (6) Individuals with experience in developing, implementing,
12 monitoring, and evaluating cultural and linguistic programs.

13 (c) The duties of the task force shall include the following:

14 (1) Developing recommendations for a continuing education
15 program that includes language proficiency standards of foreign
16 language to be acquired to meet linguistic competency.

17 (2) Identifying the key cultural elements necessary to meet
18 cultural competency by physicians, dentists, and their offices.

19 (3) Assessing the need for voluntary certification standards and
20 examinations for cultural and linguistic competency.

21 (d) The task force shall hold hearings and convene meetings to
22 obtain input from persons belonging to language and ethnic
23 minority groups *and lesbian, gay, bisexual, and transgender groups*
24 to determine their needs and preferences for having culturally
25 competent medical providers. These hearings and meetings shall
26 be convened in communities that have large populations of
27 language and ethnic minority groups *and lesbian, gay, bisexual,*
28 *and transgender groups.*

29 (e) The task force shall report its findings to the Legislature and
30 appropriate licensing boards ~~within two years after creation of the~~
31 ~~task force~~ *on or before January 1, 2016.*

32 (f) The Medical Board of California and the Dental Board of
33 California shall pay the state administrative costs of implementing
34 this section.

35 (g) Nothing in this section shall be construed to require
36 mandatory continuing education of physicians and dentists.

37 SEC. 2. Section 2198 of the Business and Professions Code is
38 amended to read:

39 2198. (a) This article shall be known and may be cited as the
40 Cultural and Linguistic Competency of Physicians Act of 2003.

1 The cultural and linguistic physician competency program is hereby
2 established and shall be operated by local medical societies of the
3 California Medical Association and shall be monitored by the
4 ~~Division of Licensing~~ *Medical Board of California*.

5 (b) This program shall be a voluntary program for all interested
6 physicians. As a primary objective, the program shall consist of
7 educational classes which shall be designed to teach physicians
8 the following:

9 (1) A foreign language at the level of proficiency that initially
10 improves their ability to communicate with non-English speaking
11 patients.

12 (2) A foreign language at the level of proficiency that eventually
13 enables direct communication with the non-English speaking
14 patients.

15 (3) Cultural beliefs and practices that may impact patient health
16 care practices and allow physicians to incorporate this knowledge
17 in the diagnosis and treatment of patients who are not from the
18 predominate culture in California.

19 (c) The program shall operate through local medical societies
20 and shall be developed to address the ethnic language minority
21 groups *and lesbian, gay, bisexual, and transgender groups* of
22 interest to local medical societies.

23 (d) In dealing with Spanish language and cultural practices of
24 Mexican immigrant communities, the cultural and linguistic
25 training program shall be developed with direct input from
26 physician groups in Mexico who serve the same immigrant
27 population in Mexico. A similar approach may be used for any of
28 the languages and cultures that are taught by the program or
29 appropriate ethnic medical societies may be consulted for the
30 development of these programs.

31 (e) Training programs shall be based and developed on the
32 established knowledge of providers already serving target
33 populations and shall be formulated in collaboration with the
34 California Medical Association, the ~~Division of Licensing~~ *Medical*
35 *Board of California*, and other California-based ethnic *and lesbian,*
36 *gay, bisexual, and transgender groups* medical societies.

37 (f) Programs shall include standards that identify the degree of
38 competency for participants who successfully complete
39 independent parts of the course of instruction.

1 (g) Programs shall seek accreditation by the Accreditation
2 Council for Continuing Medical Education.

3 (h) ~~The Division of Licensing~~ *Medical Board of California* shall
4 convene a workgroup including, but not limited to, representatives
5 of affected patient populations, medical societies engaged in
6 program delivery, and community clinics to perform the following
7 functions:

8 (1) Evaluation of the progress made in the achievement of the
9 intent of this article.

10 (2) Determination of the means by which achievement of the
11 intent of this article can be enhanced.

12 (3) Evaluation of the reasonableness and the consistency of the
13 standards developed by those entities delivering the program.

14 (4) Determination and recommendation of the credit to be given
15 to participants who successfully complete the identified programs.
16 Factors to be considered in this determination shall include, at a
17 minimum, compliance with requirements for continuing medical
18 education and eligibility for increased rates of reimbursement
19 under Medi-Cal, the Healthy Families Program, and health
20 maintenance organization contracts.

21 (i) Funding shall be provided by fees charged to physicians who
22 elect to take these educational classes and any other funds that
23 local medical societies may secure for this purpose.

24 (j) A survey for language minority patients shall be developed
25 and distributed by local medical societies, to measure the degree
26 of satisfaction with physicians who have taken the educational
27 classes on cultural and linguistic competency provided under this
28 section. Local medical societies shall also develop an evaluation
29 survey for physicians to assess the quality of educational or training
30 programs on cultural and linguistic competency. This information
31 shall be shared with the workgroup established by the ~~Division of~~
32 ~~Licensing~~ *Medical Board of California*.

33 SEC. 3. Section 2198.1 of the Business and Professions Code
34 is amended to read:

35 2198.1. For purposes of this article, “cultural and linguistic
36 competency” means cultural and linguistic abilities that can be
37 incorporated into therapeutic and medical evaluation and treatment,
38 including, but not limited to, the following:

39 (a) Direct communication in the patient-client primary language.

- 1 (b) Understanding and applying the roles that culture, ethnicity,
2 and race, *sexual orientation, gender identity, and gender expression*
3 play in diagnosis, treatment, and clinical care.
- 4 (c) Awareness of how the health care providers and patients
5 attitudes, values, and beliefs influence and impact professional
6 and patient relations.